L19000125656

| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| Picka) | > WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer |
| | |
| | |
| | |
| | Office Use Only |

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Al 3 - 2021

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| | ACCOUNT NO. | : | 1200000001 | 95 |
|--------------|---------------|--------------|-------------|----------|
| | REFERENCE | : | 695390 | 8153733 |
| | AUTHORIZATION | 9:~ | 11 | |
| | COST LIMITY | nºll | \$\$25-,002 | <u>)</u> |
| | | \checkmark | | |
| ORDER DATE : | March 8, 2021 | | | |
| ORDER TIME : | 11:59 AM | | | |
| ORDER NO. : | 695390-001 | | | |
| CUSTOMER NO: | 8153733 | | | |
| | | | | |

CHANGE OF AGENT

NAME: SEQUENT SOLUTIONS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

_

TO: Registration Section Division of Corporations

SEQUENT SOLUTIONS LLC

SUBJECT: _

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

Sebastian Ilka

Name of Person

Sequent Solutions LLC

Firm/Company

9311 Firethorn PI

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

sebastian.ilka@sequent-solutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Sebastian Ilka | 415 305-5334 at () |
|--------------------------|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| · | Tallahassee, FL 32303 |
| | |

Enclosed is a check for the following amount:

□ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: | ENT SOLUTI | IONS LLC | ; | <u> </u> | | | |
|---------------------------------------|---|---|---|---|---|---|--|---|
| 2. (a) | 9311 Firethorn PI, Lakewood Ranch, FL 342 | 202 | (b) ⁹³ | 11 Fireth | iorn PI, Lake | R boow | anch, I | FL 34202 |
| - (*) | Principal office address of limited liability (Note: MUST BE STREET ADDR) | • • | (") | Mailing address of limited liability company: (Sole: MAY BE POST OFFICE BOX) | | | | |
| _ | 05/07/2019 | | | 0001256 | | | | |
| 3. | Date of filing/registration in Florid: CORPROATION SERVICE COMPANY | a 4 | 4. | L | ocument nu | mber | | |
| 5. (a | Registered Agent and Registered Office shown on the | - month of the l | levide Des | - of State | | | | |
| | 1201 HAYS ST | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| | Registered Office Address (MUST BE FLORIDA | STREET ADD | DRESSI | | | | | |
| | | | | | | | | |
| | TALLAHASSEE | FL_32 | 301 | | | | 222 | |
| (b) | Sebastian lika | | | | | | . : | |
| (*) | Enter name of NEW Registered Agent and/or NEW | Registered Off | ice address | ; | | - | <u>د.</u> | |
| | | | | | | ()- () ()- ()- | - | 5 - 1 |
| | NEW Registered Office Address: | <u> </u> | | | | · · · - i | VH 11: 0 1 | and a second |
| | 9311 Firethorn Place | | | | | m m | 01 | |
| | Lakewood Ranch | FL | 202 | | | | | |
| chang agent was/w | limited liability company is not organized une to or changes are made, the Florida street addr will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n ticles of organization or the operating agreement | ress of the reg limited liabili nembers of th | istered of ity compa ic limited | fice and ny, it is l liability ity comp | the business hereby confi company or | office o rmed that | if the n at the c | egistered hange(s) |
| Sign | ature of a member or authorized representative of a men | nber | | | Printed or type | d name of | signee | |
| provis the ob to men notific | eby accept the appointment as registered agen tions of all statutes relative to the proper and digations of my position as registered agent a rely reflect a change in the registered office a rad in writing of this change. Maada E. | nt and agree t complete per, s provided for ddress. I here | o act in th formance r in Chap oby confirm | his capac of my du ter 6DS, i m that th | ity. I furthe nies, and I a F.S. Or, if ti e limited lia | r agree i m famili his docu bility co. | lo com lar with ment is mpany | ply with the h and accept s being filed hus been |

Signature of Registered Agent

Division of Corporations+ P.O. Box 6327+ Tailahassee, FL 32314 **FILING FEE: \$25.00**

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